

STATE OF TENNESSEE DEPARTMENT OF COMMERCE AND INSURANCE

Insurance Division – Actuarial Services 500 James Robertson Parkway, 4th Floor Nashville, TN 37243-1133 615-741-2333

WARRANTOR'S RENEWAL APPLICATION

TENNESSEE VEHICLE PROTECTION PRODUCT ACT Tenn. Code Ann. § 56-55-101 et seq.

Name of Warrantor:			
Contact:			
Address:			
City:	State:	Zip:	Phone Number:
Fax Number:		FEIN :	
Attach a separate sheet listing a office address and phone numb		under which th	e warrantor does business" in this State, including the principal
Please list below the names of t product business. Attach a sepa			or officers directly responsible for warrantor's vehicle protection
Warrantor's Executive Officer: _			
Address:			
City:	State:	Zip:	Phone Number:
Fax Number:			
Third Party Administrator(s) res	ponsible for the a	dministration of	the warrantor's vehicle protection product:
Address:			
City:	State:	Zip:	Phone Number:
Fax Number:			
Pursuant to Tenn. Code Ann. Commissioner shall give the r of its receipt of such notice to	§56-55-104(d), in egistrant writter complete the ren	f a registrant fa notice of the f newal of the reg	rally and shall file any updates within thirty (30) days of change ails to properly renew its registration by July 1 of each year, th ailure. The registrant shall then have thirty (30) days from the dat pistration before the registration is revoked. Such revocation doe t with a revoked registration must reapply for a new registration
Attach renewal fee in the amo	ount of \$515.00 r	nade payable t	o TN Department of Commerce & Insurance.
Signature of Warrantor's Execu-	tive Officer		
Signed:Signature of \	Warrantor's Exec	utive Officer	Date:
, and the second			
Subscribed and sworn to before	me this	_ day of	
			Notary Public

My Commission Expires: